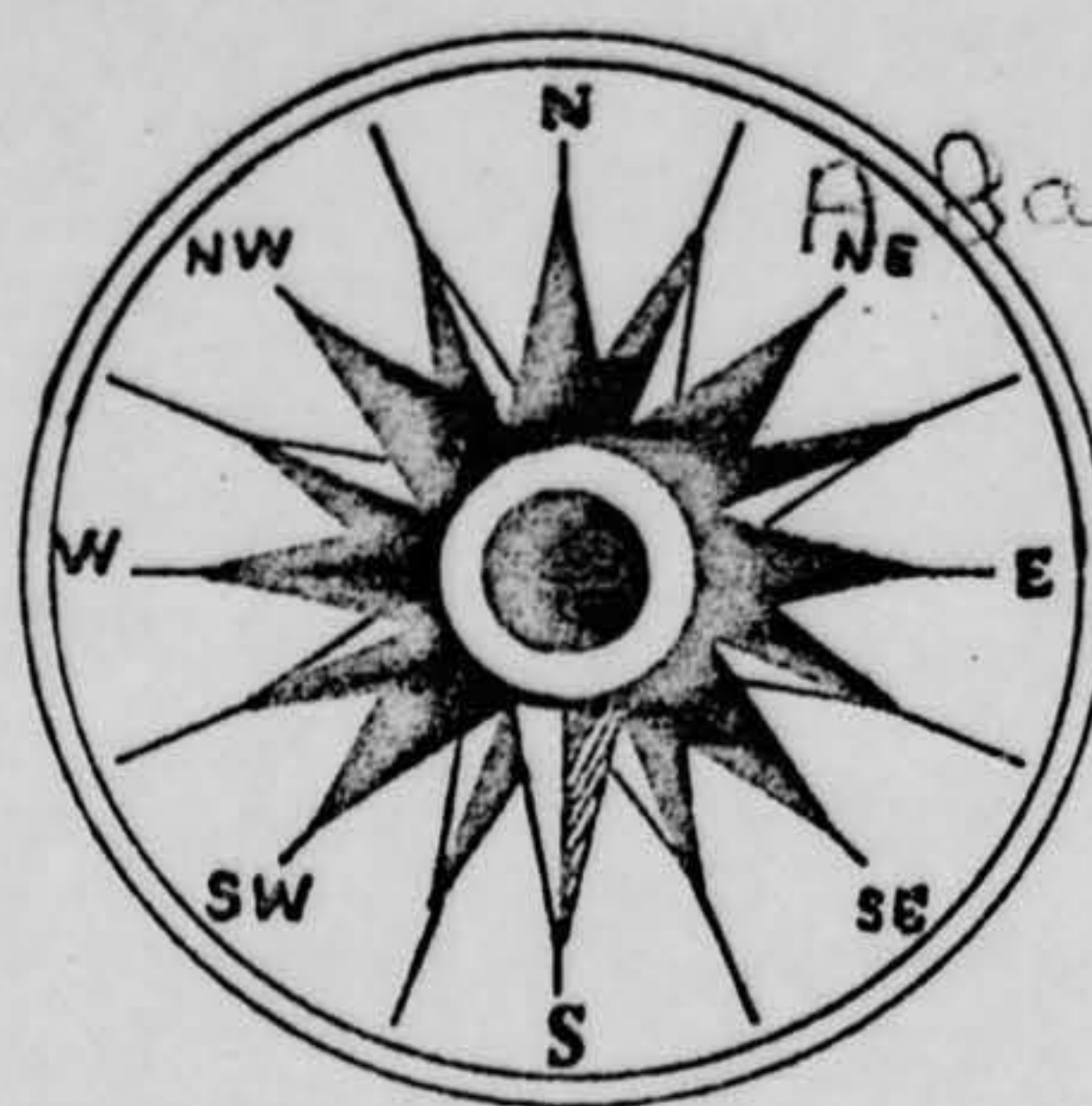
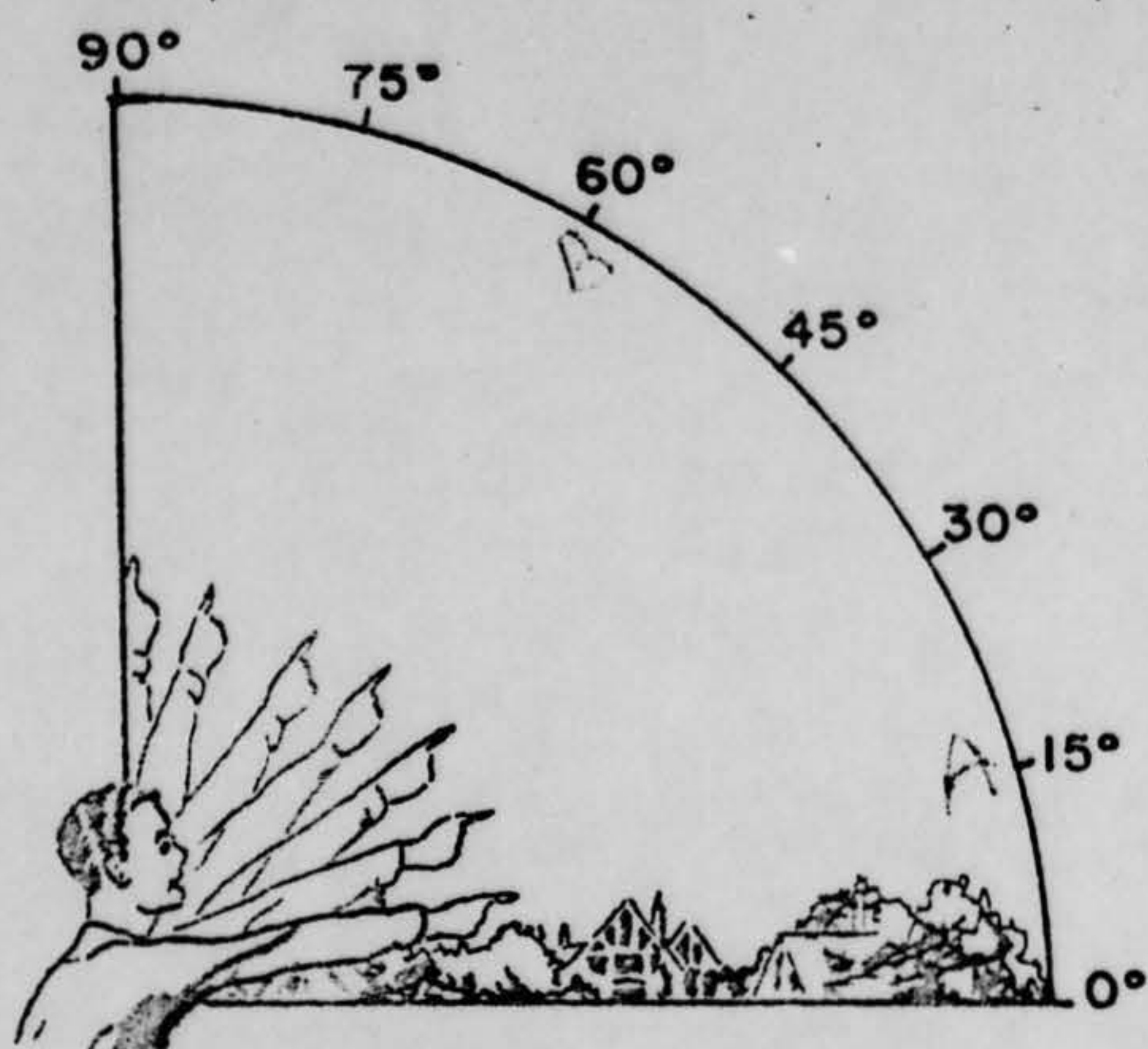


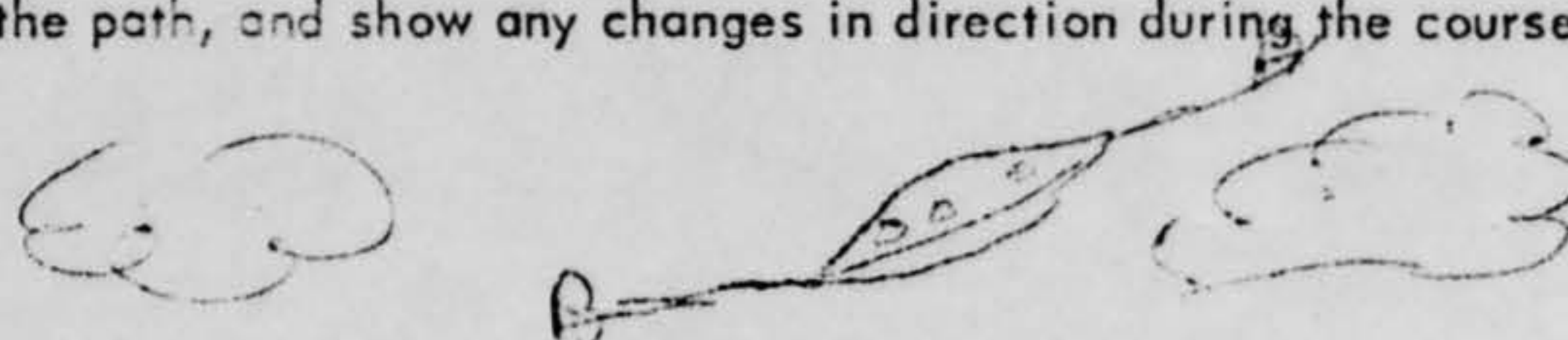
PROJECT 10073 RECORD

1. DATE - TIME GROUP 04/10/67 Varied	2. LOCATION Massapequa, New York
3. SOURCE Civilian	10. CONCLUSION INSUFFICIENT DATA FOR EVALUATION
4. NUMBER OF OBJECTS Varied	
5. LENGTH OF OBSERVATION None Stated	11. BRIEF SUMMARY AND ANALYSIS SEE CASE FILE
6. TYPE OF OBSERVATION Ground Visual	
7. COURSE None Stated	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.



29. IF there was MORE THAN ONE object, then how many were there? 1 (one)
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

30. Have you ever seen this, or a similar object before. If so give date or dates and location,

yes near a canal (I put dates on ~~original~~ letter & have forgotten others.)

31. Was anyone else with you at the time you saw the object? (Circle One)

☒ Yes

☐ No

31.1 IF you answered YES, did they see the object too? (Circle One)

☒ Yes

☐ No

31.2 Please list their names and addresses:

[REDACTED]
[REDACTED]
[REDACTED] Massapequa
N. Y.

32. Please give the following information about yourself:

NAME

[REDACTED]

First Name

Middle Name

ADDRESS

[REDACTED]

N.Y.

11759 N.Y.S.

Street

City

Zone

State

TELEPHONE NUMBER

[REDACTED]

AGE

10 1/2

SEX

girl

Indicate any additional information about yourself, including any special experience, which might be pertinent.

33. When and to whom did you report that you had seen the object?

16

Feb.

1967

Day

Month

Year

Thru

my parents.
(but they still
don't believe me!)

34. Date you completed this questionnaire:

24 June 1967
Day Month Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.

Whenever I've seen the ~~object~~
~~stop~~ object the stop sign we were
near start wiggling a little.

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO
ATTN OF: TDET/UFO

15 March 1967

SUBJECT: UFO Observation, 24 Feb 67

TO: Miss [REDACTED]
Massapequa, New York 11758

24 Feb 67
Manatt

Reference your unidentified observation. The information which we have received is not sufficient for a scientific evaluation. Request you complete the attached FTD Form 164 and return it in the envelope provided. Thank you for reporting your observation to the Air Force.

JAMES C. MANATT, Colonel, USAF
Director of Technology and Subsystems

1 Atch
FTD Form 164 w/envelope

INSUFFICIENT DATA BECAUSE 164 WASN'T
RECEIVED UNTIL LATE JUNE 1967.

100-1, UIC OFFICIAL FILE COPY

~~_____~~
Monroeville, N.Y.
Long Island
Feb. 24, 1967
11758

Dear Gentlemen,

I know you might
think we're crazy but every time about
5:30-7:00 on the following dates we have
seen unidentified flying objects, most unusual, & I have
seen about 2 or 3 rows of them. These objects had an orange-gray color
and they were very bright & made a noise like a

Jan. 6, 1967 Feb 10, 1967

Jan. 21, 1967 Feb 17, 1967

Jan. 27, 1967 Feb 24, 1967

I know that we can report these
kind of things to you. We have
seen them on the corner of our block,
right near a stop sign & signal, and
names are ~~_____~~ & ~~_____~~

We are in 5 grade Fairfield School
age 10. Please answer us because
we want to know what they are.
We get kind of scared when we
see them.

~~_____~~ and 164
~~_____~~
~~_____~~
~~_____~~

~~Q~~ ADDRESS IS :

~~XXXXXXXXXXXXXXXXXXXX~~
Massapequa, Long Island,
New York.
Feb. 24, 1967

7

24 Feb 67

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO
ATTN OF: TDET/UFO

15 March 1967

SUBJECT: UFO Observation, 24 Feb 67

TO: Mr. [REDACTED]
[REDACTED]
Massapequa, New York 11758

Reference your unidentified observation. The information which we have received is not sufficient for a scientific evaluation. Request you complete the attached FTD Form 164 and return it in the envelope provided. Thank you for reporting your observation to the Air Force.

JAMES C. MANATT, Colonel, USAF
Director of Technology and Subsystems

1 Atch
FTD Form 164 w/envelope

TDET/UFO OFFICIAL FILE COPY

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will *not* be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

I sent all the dates in with my letter.

Day _____ Month _____ Year _____

2. Time of day: *6:30-7:00*

Hour

Minutes

(Circle One):

A.M.

or

P.M.

3. Time Zone:

(Circle One):

a. Eastern

b. Central

c. Mountain

d. Pacific

e. Other _____

(Circle One):

a. Daylight Saving

b. Standard

4. Where were you when you saw the object?

Nearest Postal Address

City or Town

State or County

5. How long was object in sight? (Total Duration)

Hours

Minutes

Seconds

a. Certain

b. Fairly certain

c. Not very sure

d. Just a guess

5.1 How was time in sight determined?

with my watch

5.2 Was object in sight continuously?

Yes

6. What was the condition of the sky?

DAY

a. Bright

b. Cloudy

NIGHT

a. Bright

b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One):

a. In front of you

b. In back of you

c. To your right

d. To your left

e. Overhead

f. Don't remember

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- b. A few
- c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- c. No moonlight - pitch dark
- d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- ☒ a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One):

- ☒ a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

10. The object appeared: (Circle One):

- ☒ a. Solid
- b. Transparent
- c. Vapor
- d. As a light
- e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- a. Brighter
- b. Dimmer
- c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

it was a very dull gray like steel.

12. The edges of the object were:

- (Circle One):
- a. Fuzzy or blurred
 - b. Like a bright star
 - ☒ c. Sharply outlined
 - d. Don't remember

e. Other _____

13. Did the object:

(Circle One for each question)

- a. Appear to stand still at any time?
- b. Suddenly speed up and rush away at any time?
- c. Break up into parts or explode?
- d. Give off smoke?
- e. Change brightness?
- f. Change shape?
- g. Flash or flicker?
- h. Disappear and reappear?

<input checked="" type="radio"/> Yes	<input type="radio"/> No	Don't know
<input type="radio"/> Yes	<input checked="" type="radio"/> No	Don't know
<input type="radio"/> Yes	<input checked="" type="radio"/> No	Don't know
<input type="radio"/> Yes	<input checked="" type="radio"/> No	Don't know
<input type="radio"/> Yes	<input checked="" type="radio"/> No	Don't know
<input type="radio"/> Yes	<input checked="" type="radio"/> No	Don't know
<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	Don't know

14. Did the object disappear while you were watching it? If so, how?

NO

15. Did the object move behind something at any time, particularly a cloud?

(Circle One):

☒ Yes

No

Don't Know.

IF you answered YES, then tell what

it moved behind: a cloud but then disappeared some
little lower down

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One):

Yes

☒ No

Don't Know.

IF you answered YES, then tell what

in front of: _____

17. Tell in a few words the following things about the object:

a. Sound

like a giant vacuum

b. Color

orange-gray very dull

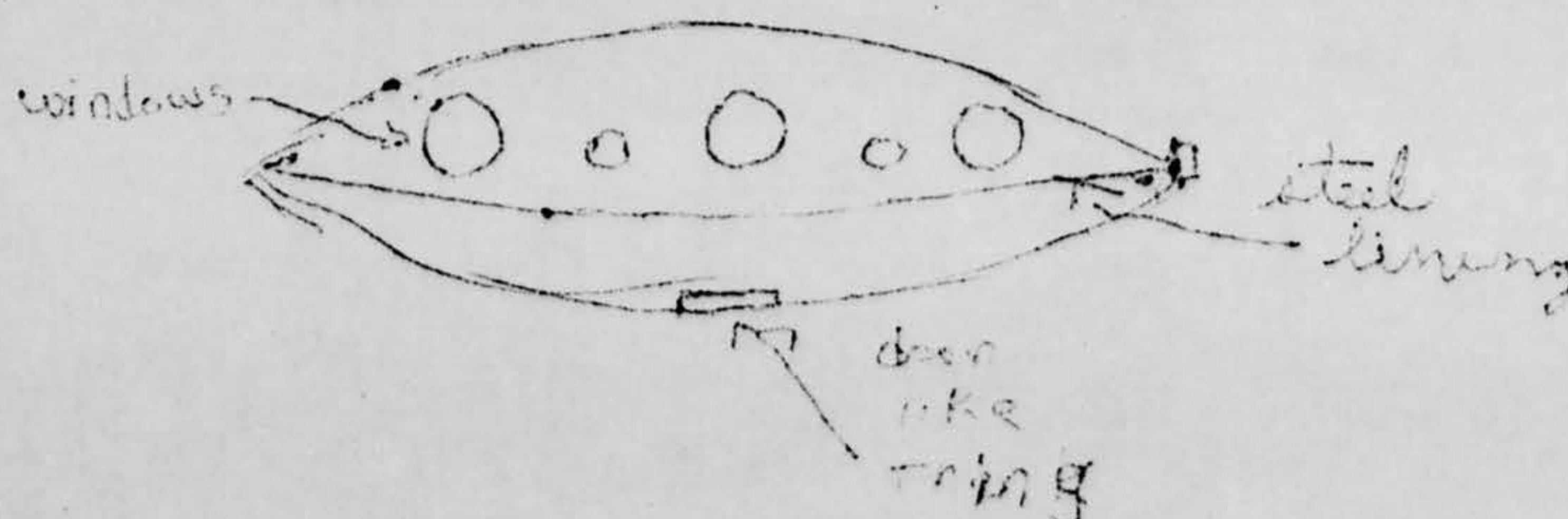
18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

~~done~~ didn't do experiment

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails.

Place an arrow beside the drawing to show the direction the object was moving.

(wasn't moving)



20. Do you think you can estimate the speed of the object?

(Circle One)

Yes

No

IF you answered YES, then what speed would you estimate? _____

21. Do you think you can estimate how far away from you the object was?

(Circle One)

Yes

No

IF you answered YES, then how far away would you say it was? 17 yards

22. Where were you located when you saw the object?

(Circle One):

a. Inside a building

b. In a car

c. Outdoors

d. In an airplane (type)

e. At sea

f. Other near a canal

23. Were you (Circle One)

a. In the business section of a city?

b. In the residential section of a city?

c. In open countryside?

d. Near an airfield?

e. Flying over a city?

f. Flying over open country?

g. Other Just near a canal

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

a. North

c. East

e. South

g. West

b. Northeast

d. Southeast

f. Southwest

h. Northwest

24.2 How fast were you moving? _____ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One)

Yes

No

25. Did you observe the object through any of the following?

a. Eyeglasses

Yes

No

e. Binoculars

Yes

No

b. Sun glasses

Yes

No

f. Telescope

Yes

No

c. Windshield

Yes

No

g. Theodolite

Yes

No

d. Window glass

Yes

No

h. Other _____

26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

two large plates on top of each other

